MISSOURI STATE BOARD OF HEALTH Do not use this space. TLY. PHYSICIANS should state OCCUPATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 25451 PLACE OF DEAT File No..... County..... Primary Registration District No.... Registered No.. (a) Residence, No.. (If nonresident, give city or town and State) (Usual place of abode) How long in U.S., if of foreign birth? Length of residence in city or town where death occurred mos. YES. ds. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) . 1933 DIVORCED (write the word) married HEREBY CERTIFY. That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 1875 6. DATE OF BIRTH (MONTH, DAY, AND YEAR), 24 AGE shot classified. The principal cause of death and related causes of importance were as follows: 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. Date of onset or .....min. 8. Trade, profession, or particular kind of work done, as spinner, information should be carefully supplied.
in plain terms, so that it may be properly of housewil sawyer, bookkeeper, etc ..... 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc..... 11. Total time (years) spent in this 10. Date deceased last worked at this occupation (month and Other contributory causes of important occupation..... year) ..... 12. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) 13. NAME What test confirmed diagnosis? Clast of Was there an autopsy? 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: 15. MAIDEN NAME Where did injury occur? 16. BIRTHPLACE (CITY OR TOWN).
(STATE OR COUNTRY) (Specify city or town, county, and State) -Every item of i E OF DEATH i Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT (ADDRESS) Manner of injury..... 18, BURIAL, CREMATION, OR REMOVAL Nature of injury ... 24. Was disease or injury in any way related to occupation of deceased?..... If so, specify..... 19. UNDERTAKER. (ADDRESS)

